

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002838

STATE FILE NUMBER

TE

B

AMENDED

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 4

FILED JAN 29 1962

## 1. PLACE OF DEATH

a. COUNTY

NEW MADRID

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

PORTAGE TOWNSHIP

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

HOME

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

NEW MADRID

c. CITY  
OR TOWN

FRAILIE

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
6 MILES WEST OF PORTAGEVILLE, MO.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

CHARLIE SPEAKMAN

## 4. DATE OF DEATH

Month

Day

Year

JAN.

10

1962

## 5. SEX

M

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

NOV. 25, 1905

## 9. AGE (last birthday)

56

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

Winston Co. ALA.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

A.B. SPEAKMAN

## 13b. MOTHER'S MAIDEN NAME

ARDELIA RAINEY

## 14. NAME OF HUSBAND OR WIFE

AGNES SPEAKMAN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, none or unknown) NO

## 16. SOCIAL SECURITY NO.

—

## 17. INFORMANT

AGNES SPEAKMAN, WARREN, MO. R#1

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Coronary Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Two Previous Myocardial Infarcts

## DUE TO (c)

H.C.V.D. and A.S.H.D.

## INTERVAL BETWEEN ONSET AND DEATH

1959 and Oct. 1961

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Moderate Obesity

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1959 to October 1961 and last saw him alive on October 1961  
Death occurred at Approximately 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Andrew E. Painter M.D.

## 22b. ADDRESS

223 King St. Portageville, MO.

## 22c. DATE SIGNED

14 JAN 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

1-12-62

## 23c. NAME OF CEMETERY OR CREMATORY

EVERGREEN

## 23d. LOCATION (City, town, or county)

NEW MADRID

## (State)

MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

RICHARDS FUNERAL HOME Inc.

NEW MADRID, MO.

## 25. DATE RECD. BY LOCAL REG.

Jan 20, 1962

## 26. REGISTRAR'S SIGNATURE

Allen S. Milum

(Licensed Embalmer's Statement on Reverse Side)

NS JAN 29 1962

NS JAN 29 1962

JAN 30 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. B. Hagerpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.